

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
AUTHORIZATION TO RELEASE OUTSIDE EMPLOYMENT/ACTIVITY INFORMATION**

The purpose of this form is to authorize the release of information related to employment or activities outside of, or in addition to, Department of Mental Health (DMH) employment. Failure to provide information requested by DMH to verify terms, conditions, and duties of the outside employment/activity may be grounds for denial of the outside employment/activity request.

INSTRUCTIONS: DMH employee completes the top portion of the form and submits it to their immediate supervisor. The supervisor sends this form with a cover letter requesting the verification information to the outside employer/activity. The outside employer/activity supervisor completes the bottom section of this form and returns it to the DMH supervisor. Upon receipt of the verification, the DMH supervisor evaluates the information for purposes of approving or denying outside employment/activities.

To Be Completed By The DMH Employee

I, _____ authorize _____
(Print name here) (Print name of employer/activity entity here)

to release information verifying the nature and hours of my employment/activity to the Los Angeles County Department of Mental Health. I hereby consent to the release of any such information that the Department may request.

This release of information should be sent to the attention of: _____

Print Street Address City Zip Code Phone Number

Employee's Signature Date

To be completed by the non-DMH supervisor, then returned to the DMH supervisor

The DMH employee named above intends to, or is currently providing PAID/UNPAID services in the
(Circle One)

position of _____, effective _____. The duties of
(Date)

this position are: _____

The working hours (including start and end times) for the employee/volunteer are:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Hrs
Working Hours								

The employee/volunteer IS/IS NOT on-call or on stand-by for this entity.
(Circle One)

Non-DMH Supervisor Signature Date

DISTRIBUTION:

Original: Personnel File
Employee
Office Personnel File

REH